



**MERRIMACK FIRE DEPARTMENT**  
**BUILDING DIVISION**  
**GAS PIPING PERMIT**  
BLDG - FRM - 003

Tax Map \_\_\_\_\_  
Parcel \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
☐ Paid with Permit  
☐ Cash  
☐ Check # \_\_\_\_\_  
**Official Use Only**

Job Location: \_\_\_\_\_  
Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Description of Work: ☐ Commercial ☐ Industrial ☐ Residential

☐ See attached Documents/ Plans

☐ New ☐ Replacement

☐ Natural Gas ☐ Propane ☐ Other \_\_\_\_\_

**Specific Appliances (Check All that apply)**

**Required Protection**

- |   |                                       |                                      |   |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Generator  | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Gas Stove   | <input type="checkbox"/> 1/2 " Sheetrock – 3ft around |
| <input type="checkbox"/> Boiler   | <input type="checkbox"/> Range        | <input type="checkbox"/> Dryer       | <input type="checkbox"/> Sprinkler Head               |
| <input type="checkbox"/> Furnace  | BTU Rating _____                      | Make _____                           | Model # _____   |
| <input type="checkbox"/> Fireplace Insert   | <input type="checkbox"/> Gas Logs     | <input type="checkbox"/> Power Vent  |   |
| <input type="checkbox"/> Heat Pump  | <input type="checkbox"/> Geo- Thermal | <input type="checkbox"/> Other _____ |   |
| <input type="checkbox"/> Replacement of Existing Unit - Type _____ Make _____ Model # _____ |                                       |                                      |   |
| <input type="checkbox"/> Conversion: From _____ To _____                                    |                                       |                                      |   |

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

NH Gas Fitters License# \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Signature \_\_\_\_\_  
\* Provide appropriate current NH license with Photo ID

Inspection of Gas Piping Required after All Piping is in Place. (*Air Tested to 3 – 5 PSI*)

**\*\*\*\* 24 HOUR NOTICE IS REQUIRED FOR INSPECTION \*\*\*\***

**(603)-420-1730**

*Please be advised that the work described above may require other NH licensed professions, permits, and inspections.  
It's the applicant's responsibility to obtain any and all associated permits required for code compliance.*

☐ I Certify that I have the authority to sign for the property owner listed above and will be installing all the work according to the state of NH adopted building codes **and will call for all required Inspections**

☐ I Certify that I am the owner and occupy the property listed above per NH RSA 153:36.I. I will be installing all the gas piping myself, in accordance to the state of NH adopted building codes and town regulations **and agree to call for all required Rough-in and Final inspections.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner

APPROVED BY: \_\_\_\_\_  
Authorized Signature Date

IT IS YOUR RESPONSIBILITY  
CALL DIG SAFE (888) 344-7233 IT'S THE LAW